

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST	69600	8/21/00
O.I.P.E. CLASSIFIER		12	9/11/00
FORMALITY REVIEW		69665	10-10-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/30/03
2	✓	✓	11/12/02
3	✓	✓	8/17/03
4	✓	✓	11/12/02
5	✓	✓	7/30/03
6	✓	✓	11/12/02
7	✓	✓	8/17/03
8	✓	✓	11/12/02
9	✓	✓	7/30/03
10	✓	✓	11/12/02
11	✓	✓	8/17/03
12	✓	✓	11/12/02
13	✓	✓	7/30/03
14	✓	✓	11/12/02
15	✓	✓	8/17/03
16	✓	✓	11/12/02
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44	✓	✓	11/12/02
45	✓	✓	7/30/03
46	✓	✓	11/12/02
47	✓	✓	8/17/03
48	✓	✓	11/12/02
49	✓	✓	7/30/03
50	✓	✓	11/12/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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